

Appendix 3

Study Name: _____

DXA SCAN CASE REPORT FORM (CRF)

Patient Number (PID): Date Scan Done:
m m m d d y y

Protocol Number:

Site Number:

Week:

Please include this form with scans and use a separate form for each scan.

Technician's name: _____

Phone number: _____ E-mail: _____

Remember that Whole Body, Hip and Spine DXA scans are required (if applicable to your study).

1. Specify the following information about the type of instrument used:

a. Manufacturer: _____

b. Model Number/Serial Number: _____

c. Software Version: _____

2. Were the images sent to Tufts for analysis?

Yes No (specify reason): _____

3. Date images were sent to Tufts:
m m d d y y y y

4. How were the data sent?

floppy disk CD ROM or Other (specify): _____

5. Have the images been stored on a computer hard-drive and/or back-up media?

Yes No (specify reason): _____

6. Are there any technical comments about the DXA scanning?

None

Comments: _____

Send this form, disk and hard copy paper printouts to:
Andrea Desilets, 150 Harrison Ave., Jaharis 212, Boston, MA 02111